Docket No.: 101246

## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joi

PACK	rs are named be AGE ASSEMB	low) of the subject matter which is cl LY WITH APPLICATOR AND CO	laimed and for which a patent is sough NTAINER FOR ADHESIVE MATE	a amaka ta
described and cla	imed in the spe	cification:		
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	mineral icit	area to above.	ntents of the above-identified specific	
,	an regulations,	91.50.	nation known to me to be material to	
Under application(s) file	Title 35, U.S. (ed within one ye	Code §119, the priority benefits of the are prior to this application are hereby	he following foreign application(s) as claimed:	nd/or United States provisiona
	. c.a.c. (a) 111011	tion(s) for patent or inventor's certifice than one year prior to this applications provisional application(s):	icate on this invention were filed in o ion, or (b) before the filing date of the	countries foreign to the United above-named foreign priority
I hereby application and to	y appoint the f transact all bus	following as my attorneys of recordiness in the Patent Office:	d with full power of substitution and	d revocation to prosecute this
	K	ames A. Oliff, Reg. No. 27,075; Wil irk M. Hudson, Reg. No. 27,562; T vard P. Walker, Reg. No. 31,450; R Mario A. Costantino	homas J. Pardini, Reg. No. 30,411; obert A. Miller, Reg. No. 32,771 and	d
ALL CORRESPO PLC, P.O. BOX 1	ONDENCE IN 19928, ALEXA	I CONNECTION WITH THIS AP NDRIA, VIRGINIA 22320, TELEI	PPLICATION SHOULD BE SENT PHONE (703) 836-6400.	TO OLIFF & BERRIDGE,
were made with th	e knowledge thit itle 18 of the U	at willful false statements and the li	ntents of this Declaration, and that all and belief are believed to be true; and ke so made are punishable by fine or ful false statements may jeopardize the	further that these statements
pewritten Full Nai	me			
First or Sole Inve	ntor -	Keith	R.	D'Alessio
nventor's Signature: Date of Signature:		Given Name  16.6.5.00  11.18.198	<ul> <li>Middle Initial</li> </ul>	Family Name
	•	Month		
Residence:		Cary	Day North Carolina	Year USA
Citizenship:	USA	City	State or Province	Country
	Post Office (Insert complemailing addressincluding countries of the formal state of th	ete 305 Jaslie Dr., Cary, Nortess,	th Carolina 27515, USA	

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing. IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

ecked, this form may be executed only when attached to the specification (including claims).

(Disert this page in a sole inventor application)

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of Second Joint Inventor (if any)  **Inventor's Signature:			Gary Given Name	F.	Prokop
			4 27	Middle Initial	Family Name
			Mary 8. F	lotup	
**Date of Signature:		<del></del>		20	98
Residence:		Wheato	Month n	Day Illinois	Year USA
		City		State or Province	Country
Citizenship:	USA				·
	Post Off (Insert comp mailing add including co	ress,	830 Pick St., Wheaton, Il	linois 60187, USA	
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of Third Joint Invent	tor (if any)		Leonard	F.	Czuba
*************		,	Given Name	Middle Initial	Family Name
**Inventor's Signatur	·e:		Honord -	t- July	
**Date of Signature:			Varenber	23 rd.	1998
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Residence:		Lombard		Illinois	USA
		City		State or Province	Country
Citizenship:	USA				
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,	(9)		Carl	E.	Behrend
*Inventade Cianas			Given Name	Middle Initial	Family Name
**Inventor's Signature:			*/		
**Date of Signature:			11-20-7	<u>၀</u>	
			Month	Day	Year
Residence:		Chicago		Illinois	USA
		City		State or Province	Country
Citizenship:	USA				•
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Typewritten Full Nam of Fifth Joint Invento	ne .	_	Peter	J.	Konec
	ne r (if any)	- -	Peter Given Name	J. Middle Initial	Kopec Family Name
f Fifth Joint Inventor  *Inventor's Signature	ne r (if any)	· /			
f Fifth Joint Inventor *Inventor's Signature	ne r (if any)	- <i>/</i> /	Given Name  My Super  NOVEMBER	Middle Initial	
Fifth Joint Inventor Inventor's Signature Date of Signature:	ne r (if any) :		Given Name	Middle Initial	Family Name
Fifth Joint Invento	ne r (if any) :	Park Ridge	Given Name  My Wypere  NOVEMBER  Month	Middle Initial  2.0  Day  Illinois	Family Name
Fifth Joint Inventor Inventor's Signature Date of Signature: Residence:	ne r (if any) :	Park Ridge City	Given Name  My Wypere  NOVEMBER  Month	Middle Initial  2.0  Day	Family Name //998 Year
*Inventor's Signature  *Date of Signature:  Residence:  Citizenship:	ne r (if any) :		Given Name  My Wypere  NOVEMBER  Month	Middle Initial  2.0  Day  Illinois	Family Name /998 Year USA

<sup>\*\*</sup>Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.